

Protocol for CAP-MR/DD Provider Agency Implementation Reviews

- Effective 4/1/01, lead agencies are responsible for completing implementation reviews on all CAP-MR/DD provider agencies that are providing services to CAP recipients of the lead agency. These reviews are conducted by using the implementation review form distributed by the CAP-MR/DD Waiver Office.
- As noted on the implementation review form, random reviews of records, interviews, etc. are for 50% of the lead agency's CAP recipients that are served by the provider agency, up to 5 records, interviews, etc. If 50% equals an odd number, round up. For example, if the provider agency serves 5 CAP recipients, data is reviewed based on 3 CAP recipients. If the provider agency serves 20 CAP recipients, data is reviewed based on 5 CAP recipients.
- Items marked with an asterisk (*) may be omitted if the lead agency confirms that the Division of facility Services audits the licensed facility for this responsibility.
- Implementation reviews are conducted for newly enrolled provider agencies by the lead agency that issued the letter of CAP-MR/DD certification for the provider agency within 6 months of the enrollment date on the letter issued by DMA.
- The lead agency submits the completed 6-month implementation review form to the provider agency and the CAP-MR/DD Waiver Office within 2 weeks of the review date. A copy is maintained by the lead agency. *All findings revealing concerns about health, safety, and welfare or potential fraud are reported by the lead agency to the DMH/DD/SAS Program Accountability Section and DMA immediately.* The lead agency notifies the CAP-MR/DD Waiver Office that the report has been made.
- Implementation reviews are conducted annually by lead agencies for each provider agency that is providing services to CAP recipients of the lead agency.
- The lead agency submits the completed annual implementation review form to the provider agency within 2 weeks of the review date. A copy is maintained by the lead agency and is not submitted to the CAP-MR/DD Waiver Office. *All findings revealing concerns about health, safety, and welfare or potential fraud are reported by the lead agency to the DMH/DD/SAS Program Accountability Section and DMA immediately.* The lead agency notifies the CAP-MR/DD Waiver Office that the report has been made.
- Provider agencies found to be out of compliance with any of the responsibilities on the implementation review form must submit a plan of correction to the lead agency within 30 days of receipt of the report. In the case of health and safety issues, no new recipients shall be referred until the corrective process is completed.
- The lead agency follows up within 30 days of receipt of the plan of correction to ensure that changes have been made according to the plan.
- The lead agency reports unresolved issues to the lead agency administration if the problem is not corrected within 30 days.
- Lead agency administration issues a letter to the provider agency indicating that a plan of correction is to be submitted within 30 days of receipt.
- If non-compliance issues are not resolved, the lead agency refers the provider agency to the DMH/DD/SAS Program Accountability Section.
- Program Accountability issues a report of findings to the lead agency and CAP-MR/DD Waiver Office. Program Accountability can pursue further plans of correction, further reviews, or can take other action including revoking CAP certification by DMH/DD/SAS. Program Accountability informs the lead agency and CAP-MR/DD Waiver Office and DMA of the resolution of these issues.

CAP-MR/DD Provider Agency Implementation Review

October 18, 2001

Provider Agency: _____ Lead Agency: _____

Type of Implementation Review: 6 Month _____ Annual: _____ Date of Review: _____

Name of Reviewer(s): _____

Criteria	Met	Not Met	Comments
<p>1. Responsibility: Provider agency bills only for CAP-MR/DD services it is enrolled with DMA to provide. Evidence: CAP-MR/DD enrollment form from DMA indicates services the provider agency is enrolled to provide. A random review of paid claims data demonstrate that only services on enrollment form have been provided. Data reviewed is for 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>2. *Responsibility: Provider agency complies with Client Rights and Human Rights Rules (NCAC 10 14G, J, P-R). Evidence: 1) Provider agency has written policies and practices for Restraint, Seclusion and Isolation Time Out training. 2) Documentation that staff have completed training in compliance with Restraint, Seclusion and Isolation Time Out policies and procedures. 3) Provider agency has minutes of Client Rights meetings that were held in accordance to its policies and procedures. 3) Provider agency has documentation that appropriate action has been taken per meeting minutes.</p>			

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Criteria	Met	Not Met	Comments
3. Responsibility: Provider agency specifies in its policies and procedures how healthcare registry, driver license, and criminal background checks are updated. Evidence: Provider agency has policies and procedures for updating healthcare registry, driver license, and criminal background checks.			
4. *Responsibility: Provider agency maintains a current license for each facility subject to licensure. Evidence: Provider agency produces current license for each facility subject to licensure.			
5. Responsibility: Provider agency maintains documentation/is able to demonstrate how training of direct care staff covers the required training elements as indicated in Appendix G of the CAP-MR/DD Manual. Evidence: Provider agency has training curriculum or materials from training provided by an outside entity for the training elements listed in Appendix G.			
6. Responsibility: Provider agency will not charge waiver recipients or their families for services, supports, and/or equipment billed to Medicaid. Evidence: Provider agency policies and procedures indicate that recipients/families will not be charged for any services, supports, and/or equipment that are billed to Medicaid.			
7. Responsibility: Provider agency will not require a waiver recipient or their family to sign an agreement that they will not change provider agencies as a condition of providing services to the waiver recipient. Evidence: Provider agency policies and procedures indicate a waiver recipient's/family's right to change provider agencies upon notice.			

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Criteria	Met	Not Met	Comments
<p>8. Responsibility: Provider agency submits incident reports as indicated in Section 20 of the CAP-MR/DD Manual.</p> <p>Evidence: Random review of provider agency records indicates all incidents are appropriately reported, with incident reports submitted as indicated in Section 20. Records pertain to a 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>9. Responsibility: Provider agency makes information about staff qualifications and training records, and direct care staff attendance/time records available for lead agency staff as indicated in Section 6 of the CAP-MR/DD Manual.</p> <p>Evidence: Interviews with case managers of the lead agency indicate that the information outlined above has been made available upon request. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>10. Responsibility: Staff must successfully complete required training per Appendix G and Section 6 of the CAP-MR/DD Manual within the required timeframes.</p> <p>Evidence: Random review of records of staff contain documentation that required training was successfully completed within the required timeframes. Records reviewed are for direct staff providing services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			

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Criteria	Met	Not Met	Comments
<p>11. Responsibility: Staff required to have criminal record checks, healthcare registry checks, and driving record checks, per Appendix G of the CAP-MR/DD Manual, are completed within the required timeframes.</p> <p>Evidence: Random review of staff records contain documentation that the above named checks were completed within the required timeframes. Records reviewed are for direct staff providing services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			
<p>12. Responsibility: Medical statements are required for staff as indicated in Section 6 and Appendix G of the CAP-MR/DD Manual.</p> <p>Evidence: Random sample of staff records contain the required medical statements, including annual updates. Records reviewed are for direct staff providing services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			
<p>13. Responsibility: Staff receive supervision as indicated in Appendix G of the CAP-MR/DD Manual.</p> <p>Evidence: Random sample of staff records contain documentation of supervision contacts, i.e. meetings, telephone contacts, etc. Records reviewed are for direct staff providing services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			

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Criteria	Met	Not Met	Comments
<p>14. Responsibility: Direct care staff meet qualifications for service type per Appendix G and Section 6 of the CAP-MR/DD Manual.</p> <p>Evidence: Random review of provider agency direct care staff records contains documentation that staff meet required qualifications per service type. Records reviewed are for direct care staff providing services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			
<p>15. Responsibility: Staff employed in the role of QDDP meet the qualifications as indicated in Section 6 of the CAP-MR/DD Manual.</p> <p>Evidence: Random sample of records of staff employed at QDDPs contain documentation of QDDP qualifications. Records reviewed are for QDDPs involved with services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			
<p>16. Responsibility: Provider agency has system for privileging QDDPs and has privileged all staff employed as QDDPs.</p> <p>Evidence: Documentation of privileging system. Random review of QDDP records document that staff have been privileged according to the agency policy. Records reviewed are for QDDPs involved with services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			

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Criteria	Met	Not Met	Comments
<p>17. Responsibility: Provider agency will not employ individuals who are legally responsible for the care and support of the waiver recipient as indicated in Section 6 of the CAP-MR/DD Manual.</p> <p>Evidence: Random sample of direct care staff applications indicate provider agency has not employed individuals who are legally responsible for the care and support of the waiver recipient as indicated above. Records reviewed are for direct staff providing services to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 records.</p>			
<p>18. Responsibility: Individuals employed by the provider agency to provide training to direct care staff meet the qualifications as indicated in Section 6 of the CAP-MR/DD Manual.</p> <p>Evidence: Staff records indicate that the agency trainer(s) meet the required qualifications.</p>			
<p>19. Responsibility: Provider agency reports the need for protective services of a child or disabled adult as indicated in Section 20 of the CAP-MR/DD Manual.</p> <p>Evidence: Interviews with case managers of the lead agency and a random review of records indicate that the agency reports the need for protective services of a child or disabled adult as indicated in Section 20 of the CAP-MR/DD Manual. Interviews and records are for 50% of the lead agency's CAP recipients that are served by the provider agency, up to 5 recipients.</p>			

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Criteria	Met	Not Met	Comments
<p>20. Responsibility: Provider agency ensures back up staff is available when the lack of immediate care poses a threat to the recipient's health and welfare and informal providers are unavailable <u>and</u> if back-up staff is unavailable, the provider agency documents who provided services/support/care in the absence of the direct service employee.</p> <p>Evidence: Provider agency has written policies and procedures pertaining to the availability of back up staff. Interviews with case managers of the lead agency indicate that the provider agency implements its policies and procedures. Interviews pertain to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>21. Responsibility: Provider agency participates in person-centered planning for the development of the recipient's Plan of Care, including revisions, with the case manager and the person/legally responsible person.</p> <p>Evidence: Random review of Plans of Care contain provider agency representative's signature or page 1 on the Plan of Care lists agency representatives who participated in the development of the Plan of Care. Records reviewed are for 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			

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Criteria	Met	Not Met	Comments
<p>22. Responsibility: Provider agency ensures that services are implemented in accordance of service order as indicated in Section 20 of the CAP-MR/DD Manual.</p> <p>Evidence: Random review of service documentation against service orders demonstrates that services are being implemented according to the service orders. Records reviewed are for 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>23. Responsibility: Provider agency develops training interventions/strategies for achievement of outcomes/objectives with the recipient and/or legally responsible person, and other planning team members, as appropriate, with copies to the case manager.</p> <p>Evidence: Interviews with case managers confirm that the provider agency has developed training interventions/strategies as indicated above. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>24. Responsibility: Provider agency supplies training materials used for habilitative training as indicated in Section 6 of the CAP-MR/DD Manual.</p> <p>Evidence: Interviews with case managers of the lead agency whose clients are served by the provider agency indicate that requests for training materials have been provided by the agency, as indicated in Section 6. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			

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Criteria	Met	Not Met	Comments
<p>25. Responsibility: Provider agency assists in the coordination of services and communication with the Plan of Care.</p> <p>Evidence: Interviews with lead agency case managers confirm that the provider agency has assisted in the coordination of services and communication with the Plan of Care. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>26. Responsibility: Provider agency reviews and maintains adequate documentation of services.</p> <p>Evidence: Random review of records indicates that the provider agency reviews and maintains adequate documentation of services. Records pertain to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>27. Responsibility: Provider agency bills Medicaid only for services as ordered and provided.</p> <p>Evidence: Random review of paid claims data against services orders and documentation indicates that the provider agency bills Medicaid only for services as ordered and provided. Data reviewed pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			

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Criteria	Met	Not Met	Comments
<p>28. Responsibility: Provider agency makes service documentation and billing information requested by lead agency available in the geographic catchment area that the CAP recipient receives services.</p> <p>Evidence: Interviews with lead agency case managers (or other designated lead agency staff) confirm that the provider agency makes requested service documentation and billing information available in the geographic catchment area that the CAP recipient receives services. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>29. Responsibility: When requested by the lead agency, provider agency makes available information about claims.</p> <p>Evidence: Interviews with lead agency case managers (or other designated lead agency staff) confirm that the provider agency makes information about claims available when requested. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			
<p>30. Responsibility: Provider agency notifies the case manager of significant changes in the CAP recipient's situation, needs, and service delivery as indicated in Section 20 of the CAP-MR/DD Manual.</p> <p>Evidence: Interviews with lead agency case managers confirm that the agency notifies the case manager of significant changes in the CAP recipient's situation, needs, and service delivery. Information pertains to 50% of the lead agency's CAP recipients who are served by the provider agency, up to 5 recipients.</p>			

*May be omitted if lead agency confirms that the Division of Facility Services audits the licensed facility for this responsibility.